

# ABBHEY LEA CARE HOME

## EQUAL OPPORTUNITIES MONITORING FORM

The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure that the home properly monitors and conforms with its policies relating to the equality of opportunity.

Information will be used for monitoring and no other purpose.

Our committed aim is to allow staff to develop their skills and realise their maximum potential as individuals without any wish on the part of the home to limit their opportunities.

Please place a tick in the relevant box or boxes:

<p>Would you describe your ethnic origin as:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">White</td> <td style="width: 25%;">European</td> <td style="width: 25%;">Asian</td> <td style="width: 25%;">English</td> </tr> <tr> <td>African</td> <td>Caribbean</td> <td>Chinese</td> <td></td> </tr> <tr> <td>Pakistani</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Indian</td> <td>Hispanic</td> <td>Mixed</td> <td></td> </tr> </table> <p>Other, Please specify .....</p> <p>Prefer not to say .....</p>							White	European	Asian	English	African	Caribbean	Chinese		Pakistani				Indian	Hispanic	Mixed	
White	European	Asian	English																			
African	Caribbean	Chinese																				
Pakistani																						
Indian	Hispanic	Mixed																				
<p>Are you:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">MALE</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">FEMALE</td> </tr> </table>							MALE		FEMALE													
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<p>Please indicate your age in the ranges below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 14.28%;">16-21</td> <td style="width: 14.28%;">22-25</td> <td style="width: 14.28%;">26-30</td> <td style="width: 14.28%;">31-35</td> <td style="width: 14.28%;">36-40</td> <td style="width: 14.28%;">41-50</td> <td style="width: 14.28%;">51-60</td> </tr> <tr> <td>61-70</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							16-21	22-25	26-30	31-35	36-40	41-50	51-60	61-70								
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<p>Do you consider that you have a disability? <span style="float: right;">YES/NO</span></p> <p>If YES, please indicate the nature of the disability:</p>   																						